



Municipal Form No. 102 (Revised August 2018) (To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **METRO MANILA** Registry No. **2019 05263**
City/Municipality **MARIKINA CITY**

CHILD
1. NAME (First) **KYLE** (Middle) **ANDEE** (Last) **GOJO CUADRA**
2. SEX (Male / Female) **FEMALE** 3. DATE OF BIRTH (Day) **09** (Month) **JUNE** (Year) **2019**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **VT MATERNITY HOSPITAL** (City/Municipality) **STO. NIÑO MARIKINA CITY** (Province) **METRO MANILA**
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) **N/A** 5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) **THIRD** 6. WEIGHT AT BIRTH **3000** grams

MOTHER
7. MAIDEN NAME (First) **CATHERINE** (Middle) **LOPEZ** (Last) **GOJO**
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **CHRISTIAN**
10a. Total number of children born alive **3** 10b. No. of children still living including this birth **3** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **HOUSEWIFE** 12. AGE at the time of this birth (completed years) **33**
13. RESIDENCE (House No., St., Barangay) **#218 NE NARRA STREET MARIKINA HEIGHTS, MARIKINA CITY, METRO MANILA, PHILIPPINES** (City/Municipality) (Province) (Country)

FATHER
14. NAME (First) **KYLE** (Middle) **PEÑAMORA** (Last) **CUADRA**
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **FIRE OFFICER 3** 18. AGE at the time of this birth (completed years) **32**
19. RESIDENCE (House No., St., Barangay) **#218 NE NARRA STREET MARIKINA HEIGHTS, MARIKINA CITY, METRO MANILA, PHILIPPINES** (City/Municipality) (Province) (Country)

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) **MARCH 18, 2019** 20b. PLACE (City / Municipality) (Province) (Country) **QUEZON CITY, METRO MANILA, PHILIPPINES**

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hirot (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hirot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **5:59AM** am/pm on the date of birth specified above.
Signature _____ Address **#3 TOYOTA AVE. COR. GUERRILLA ST. STO. NIÑO MARIKINA CITY**
Name in Print **THERESA BARBARA R. CAMARA, M.D.**
Title or Position **OBSTETRICIAN-GYNECOLOGIST** Date **JUNE 10, 2019**

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name in Print **KYLE P. CUADRA**
Relationship to the Child **FATHER**
Address **SAME AS ABOVE**
Date **JUNE 10, 2019**

23. PREPARED BY
Signature _____
Name in Print **RECHELLE P. APOSTOL**
Title or Position **MEDICAL RECORDS OFFICER**
Date **JUNE 10, 2019**

24. RECEIVED BY
Signature _____
Name in Print **KATHLEEN ANN S. RAMOS**
Title or Position **Administrative Aide III**
Date **JUN 11 2019**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **SONNET A. CARLOS**
Title or Position **CITY CIVIL REGISTRAR**
Date **JUN 11 2019**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

